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CONFIRMATION NO. 6160

<b>SERIAL NUMBER</b> 09/827,466	<b>FILING OR 371(c) DATE</b> 04/06/2001 <b>RULE</b>	<b>CLASS</b> 235	<b>GROUP ART UNIT</b> 2876	<b>ATTORNEY DOCKET NO.</b> 7157-291
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/195,839 04/11/2000  
 which claims benefit of 60/239,678 10/12/2000  
 This application 09/827,466  
 claims benefit of 60/237,639 10/03/2000  
 and claims benefit of 60/256,007 12/15/2000  
 and claims benefit of 60/256,266 12/18/2000  
 and claims benefit of 60/259,747 01/04/2001  
 and claims benefit of 60/260,549 01/08/2001  
 and claims benefit of 60/268,501 02/13/2001  
 and is a CIP of 09/240,399 01/29/1999 PAT 6,243,447

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 05/14/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 132	<b>INDEPENDENT CLAIMS</b> 12
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>James A. Fineman</i> Examiner's Signature Initials				

**ADDRESS**  
23720

**TITLE**  
Method and system for processing and using information

<b>FILING FEE RECEIVED</b> 3576	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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